



Broome County Government Security Division

Debra A. Preston, County Executive . James D. Dadamio, Director

APPLICATION FOR REISSUE OF TAXICAB DRIVER'S LICENSE FOLLOWING SUSPENSION

I the undersigned do hereby make application for reissue of my license to drive a taxicab within the County of Broome, pursuant to the relevant provisions of the Local Law of the County of Broome and any amendments thereto:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth (mm/dd/yy): _____ NYS Chauffer's License # _____

Home Address: _____

Name & Address of Current Employer : _____

Date Original Taxi Driver License Granted (mm/dd/yy): _____

License Number: _____

Reason for suspension: _____

Since date of original taxi application, have you been arrested or convicted of a felony, misdemeanor, DWI or illegal drug charge?

☐ Yes ☐ No If yes, explain:

APPLICANT SHALL ALSO BE SUBJECT TO REVIEW OF HIS NEW YORK STATE
DEPARTMENT OF MOTOR VEHICLES DRIVER'S LICENSE ABSTRACT
AND ANY CRIMINAL HISTORY

"PURSUANT TO THE NEW YOUR STATE PENAL LAW SEC. 210.45, IT IS A CRIME
PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE
STATEMENT HEREIN"

Applicant Signature: _____

Date: (mm/dd/yy) _____

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver's license; and that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Subscribed to and sworn to before me
this _____ day of _____, 20

Notary public or Clerk of Broome County

FOR OFFICE USE ONLY

☐ Copy of NY State Chauffer's License

☐ DMV Driver's License Abstract Attached

Drug Screening ☐ Positive ☐ Negative

☐ Criminal Records Check completed & attached

☐ Fee collected (\$ 150.00) ☐ Cash ☐ Check Check # _____

Processed by _____ Date (mm/dd/yy): _____

ATTACH ALL SUPPORTING DOCUMENTATION

☐ Approved ☐ Denied Reason: _____

Date (mm/dd/yy): _____

Director of Security